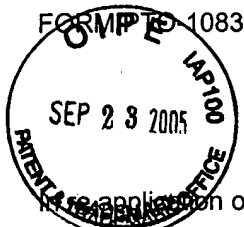


2622
2



PATENT
Attorney Docket No. 81800.0154
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: application of:

Masaki KOTANI

Serial No: 09/837,713

Confirmation No.: 9170

Filed: April 17, 2001

For: Image Forming Apparatus

Art Unit: 2622

Examiner: Lamb, Twyler Marie

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
September 20, 2005
Date of Deposit
Juanita Soberanis
Name
Juanita Soberanis 9/20/2005
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Response to the Office Action dated June 27, 2005.
- ☒ Return postcard.
- ☒ No additional fees required.

The fee has been calculated as shown below:

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	21 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$__ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$__ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

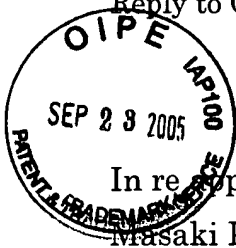
Date: September 20, 2005

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By: *Troy M. Schmelzer*
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Appl. No. 09/837,713
Amdt. dated September 20, 2005
Reply to Office Action of June 27, 2005

Atty. Ref. 81800.0154
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Examiner: Lamb, Twyler
Marie

RESPONSE

Mail Stop Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

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September 20, 2005

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis

Signature

9/20/2005

Date

Dear Sir:

In response to the Office Action dated June 27, 2005, applicant replies as follows:

Remarks/Arguments begin on page 2 of this paper.